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APPLICANTS

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**** CONTINUING DATA *******

(A) This application is a DIV of 09/895,753 06/29/2001 PAT 6,656,216

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 01/16/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>(D)</i>				
Verified and Acknowledged <i>(D)</i> Examiner's Signature <i>(D)</i> Initials				

ADDRESS

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TITLE

Composite stent with regioselective material and a method of forming the same

FILING FEE RECEIVED 1520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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